

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4		2				
5		2				
6	1	2				
7		2				
8		2				
9		2				
10		1				
11		1				
12						
13		1				
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	1					
26						
27						
28						
29		3				
30		3				
31	1					
32	1					
33	1					
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45		3				
46		3				
47		3				
48		3				
49		1				
50		1				
TOTAL IND.	1					
TOTAL DEP.		13				
TOTAL CLAIMS	1	13				

55
6
12
73

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.		68				
TOTAL CLAIMS	5	68				